



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB1826

Introduced 2/17/2021, by Rep. Kathleen Willis

SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5	
225 ILCS 95/1	from Ch. 111, par. 4601
225 ILCS 95/4	from Ch. 111, par. 4604
225 ILCS 95/6	from Ch. 111, par. 4606
225 ILCS 95/7	from Ch. 111, par. 4607
225 ILCS 95/7.5	
225 ILCS 95/7.7	
225 ILCS 95/11	from Ch. 111, par. 4611

Amends the Medical Practice Act of 1987. Provides that a physician licensed to practice medicine in all its branches may collaborate with a physician assistant if specified requirements are met for a collaborative agreement. Provides that a collaborative agreement shall be for services in the same area of practice or specialty as the collaborating physician in his or her clinical medical practice. Amends the Physician Assistant Practice Act of 1987. Deletes language requiring a collaborative agreement to be written for a physician assistant and changes requirements for the collaborative agreement. Provides that medical care provided by a physician assistant shall be consistent with the physician assistant's education, training, and experience. Makes changes to provisions concerning prescriptive authority of a physician assistant. Provides that in a hospital, hospital affiliate, or ambulatory surgical treatment center, the medical staff (instead of the attending physician) shall determine a physician assistant's role in providing care for patients. Changes the physician assistant advisory committee to the Physician Assistant Medical Licensing Board. Changes the membership and duties of the Board. Removes provisions concerning initial terms of office for Board members. Makes conforming and other changes. Effective January 1, 2022.

LRB102 09945 SPS 15263 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Medical Practice Act of 1987 is amended by
5 changing Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 54.5. Physician delegation of authority to physician
9 assistants, advanced practice registered nurses without full
10 practice authority, and prescribing psychologists.

11 (a) A physician licensed to practice medicine in all its
12 branches may collaborate with a physician assistant under
13 guidelines in accordance with the requirements of the
14 Physician Assistant Practice Act of 1987. Collaboration is for
15 the purpose of providing medical consultation, and no
16 employment relationship is required. A collaborative agreement
17 shall conform to the requirements of Section 7 of the
18 Physician Assistant Practice Act of 1987. The collaborative
19 agreement shall be for services in the same area of practice or
20 specialty as the collaborating physician in his or her
21 clinical medical practice. A collaborative agreement shall be
22 adequate with respect to collaboration with a physician
23 assistant if all of the following apply:

1 (1) The agreement is to promote the exercise of
2 professional judgment by the physician assistant
3 commensurate with his or her education and experience.

4 (2) The physician assistant provides services based
5 upon a collaborative agreement with the collaborating
6 physician, except as set forth in Section 7.7 of the
7 Physician Assistant Practice Act of 1987. With respect to
8 labor and delivery, the collaborating physician must
9 provide delivery services in order to participate with the
10 physician assistant.

11 (3) Methods of communication are available with the
12 collaborating physician in person or through
13 telecommunications for consultation, collaboration, and
14 referral as needed to address patient care needs.

15 (4) Physicians licensed to practice medicine in all
16 its branches may delegate care and treatment
17 responsibilities to a physician assistant under guidelines
18 in accordance with the requirements of the Physician
19 Assistant Practice Act of 1987. A physician licensed to
20 practice medicine in all its branches may enter into
21 collaborative agreements with no more than 7 full-time
22 equivalent physician assistants, except in a hospital,
23 hospital affiliate, or ambulatory surgical treatment
24 center as set forth by Section 7.7 of the Physician
25 Assistant Practice Act of 1987 and as provided in
26 subsection (a-5).

1 (a-5) A physician licensed to practice medicine in all its
2 branches may collaborate with more than 7 physician assistants
3 when the services are provided in a federal primary care
4 health professional shortage area with a Health Professional
5 Shortage Area score greater than or equal to 12, as determined
6 by the United States Department of Health and Human Services.

7 The collaborating physician must keep appropriate
8 documentation of meeting this exemption and make it available
9 to the Department upon request.

10 (b) A physician licensed to practice medicine in all its
11 branches in active clinical practice may collaborate with an
12 advanced practice registered nurse in accordance with the
13 requirements of the Nurse Practice Act. Collaboration is for
14 the purpose of providing medical consultation, and no
15 employment relationship is required. A written collaborative
16 agreement shall conform to the requirements of Section 65-35
17 of the Nurse Practice Act. The written collaborative agreement
18 shall be for services in the same area of practice or specialty
19 as the collaborating physician in his or her clinical medical
20 practice. A written collaborative agreement shall be adequate
21 with respect to collaboration with advanced practice
22 registered nurses if all of the following apply:

23 (1) The agreement is written to promote the exercise
24 of professional judgment by the advanced practice
25 registered nurse commensurate with his or her education
26 and experience.

1 (2) The advanced practice registered nurse provides
2 services based upon a written collaborative agreement with
3 the collaborating physician, except as set forth in
4 subsection (b-5) of this Section. With respect to labor
5 and delivery, the collaborating physician must provide
6 delivery services in order to participate with a certified
7 nurse midwife.

8 (3) Methods of communication are available with the
9 collaborating physician in person or through
10 telecommunications for consultation, collaboration, and
11 referral as needed to address patient care needs.

12 (b-5) An anesthesiologist or physician licensed to
13 practice medicine in all its branches may collaborate with a
14 certified registered nurse anesthetist in accordance with
15 Section 65-35 of the Nurse Practice Act for the provision of
16 anesthesia services. With respect to the provision of
17 anesthesia services, the collaborating anesthesiologist or
18 physician shall have training and experience in the delivery
19 of anesthesia services consistent with Department rules.
20 Collaboration shall be adequate if:

21 (1) an anesthesiologist or a physician participates in
22 the joint formulation and joint approval of orders or
23 guidelines and periodically reviews such orders and the
24 services provided patients under such orders; and

25 (2) for anesthesia services, the anesthesiologist or
26 physician participates through discussion of and agreement

1 with the anesthesia plan and is physically present and
2 available on the premises during the delivery of
3 anesthesia services for diagnosis, consultation, and
4 treatment of emergency medical conditions. Anesthesia
5 services in a hospital shall be conducted in accordance
6 with Section 10.7 of the Hospital Licensing Act and in an
7 ambulatory surgical treatment center in accordance with
8 Section 6.5 of the Ambulatory Surgical Treatment Center
9 Act.

10 (b-10) The anesthesiologist or operating physician must
11 agree with the anesthesia plan prior to the delivery of
12 services.

13 (c) The collaborating physician shall have access to the
14 medical records of all patients attended by a physician
15 assistant. The collaborating physician shall have access to
16 the medical records of all patients attended to by an advanced
17 practice registered nurse.

18 (d) (Blank).

19 (e) A physician shall not be liable for the acts or
20 omissions of a prescribing psychologist, ~~physician assistant,~~
21 or advanced practice registered nurse solely on the basis of
22 having signed a supervision agreement or guidelines or a
23 collaborative agreement, an order, a standing medical order, a
24 standing delegation order, or other order or guideline
25 authorizing a prescribing psychologist, ~~physician assistant,~~
26 or advanced practice registered nurse to perform acts, unless

1 the physician has reason to believe the prescribing
2 psychologist, ~~physician assistant,~~ or advanced practice
3 registered nurse lacked the competency to perform the act or
4 acts or commits willful and wanton misconduct.

5 A physician shall not be liable for the acts or omissions
6 of a physician assistant solely on the basis of having a
7 collaborative agreement or guidelines, an order, a standing
8 medical order, a standing delegation order, or other order or
9 guideline authorizing a physician assistant to perform acts,
10 unless the physician has reason to believe the physician
11 assistant lacked the competency to perform the act or acts or
12 commits willful and wanton misconduct.

13 (f) A collaborating physician may, but is not required to,
14 delegate prescriptive authority to an advanced practice
15 registered nurse as part of a written collaborative agreement,
16 and the delegation of prescriptive authority shall conform to
17 the requirements of Section 65-40 of the Nurse Practice Act.

18 (g) A collaborating physician may, but is not required to,
19 delegate prescriptive authority to a physician assistant as
20 part of a ~~written~~ collaborative agreement, and the delegation
21 of prescriptive authority shall conform to the requirements of
22 Section 7.5 of the Physician Assistant Practice Act of 1987.

23 (h) (Blank).

24 (i) A collaborating physician shall delegate prescriptive
25 authority to a prescribing psychologist as part of a written
26 collaborative agreement, and the delegation of prescriptive

1 authority shall conform to the requirements of Section 4.3 of
2 the Clinical Psychologist Licensing Act.

3 (j) As set forth in Section 22.2 of this Act, a licensee
4 under this Act may not directly or indirectly divide, share,
5 or split any professional fee or other form of compensation
6 for professional services with anyone in exchange for a
7 referral or otherwise, other than as provided in Section 22.2.

8 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;
9 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.
10 8-14-18.)

11 Section 10. The Physician Assistant Practice Act of 1987
12 is amended by changing Sections 1, 4, 6, 7, 7.5, 7.7, and 11 as
13 follows:

14 (225 ILCS 95/1) (from Ch. 111, par. 4601)

15 (Section scheduled to be repealed on January 1, 2028)

16 Sec. 1. Legislative purpose. The practice as a physician
17 assistant in the State of Illinois is hereby declared to
18 affect the public health, safety and welfare and to be subject
19 to regulation and control in the public interest. The purpose
20 and legislative intent of this Act is to encourage and promote
21 the more effective utilization of the skills of physicians by
22 enabling them to collaborate effectively and efficiently with
23 ~~delegate certain health tasks to~~ physician assistants to
24 provide medical care ~~where such delegation is consistent with~~

1 ~~the health and welfare of the patient and is conducted at the~~
2 ~~direction of and under the responsible supervision of the~~
3 ~~physician.~~

4 It is further declared to be a matter of public health and
5 concern that the practice as a physician assistant, as defined
6 in this Act, merit and receive the confidence of the public,
7 that only qualified persons be authorized to practice as a
8 physician assistant in the State of Illinois. This Act shall
9 be liberally construed to best carry out these subjects and
10 purposes.

11 (Source: P.A. 100-453, eff. 8-25-17.)

12 (225 ILCS 95/4) (from Ch. 111, par. 4604)

13 (Section scheduled to be repealed on January 1, 2028)

14 Sec. 4. Definitions. In this Act:

15 1. "Department" means the Department of Financial and
16 Professional Regulation.

17 2. "Secretary" means the Secretary of Financial and
18 Professional Regulation.

19 3. "Physician assistant" means any person not holding an
20 active license or permit issued by the Department pursuant to
21 the Medical Practice Act of 1987 who has been certified as a
22 physician assistant by the National Commission on the
23 Certification of Physician Assistants or equivalent successor
24 agency and practices medicine ~~performs procedures~~ in
25 collaboration with a physician as defined in this Act. A

1 physician assistant may practice medicine ~~perform such~~
2 ~~procedures~~ within the specialty of the collaborating
3 physician, ~~except that such physician shall exercise such~~
4 ~~direction, collaboration, and control over such physician~~
5 ~~assistants as will assure that patients shall receive quality~~
6 ~~medical care.~~ Physician assistants shall be capable of
7 performing a variety of tasks within their education,
8 training, and experience ~~the specialty of medical care~~ in
9 collaboration with a physician. Collaboration with the
10 physician assistant shall not be construed to necessarily
11 require the personal presence of the collaborating physician
12 at all times at the place where services are rendered, as long
13 as there is communication available for consultation by radio,
14 telephone or telecommunications within established guidelines
15 as determined by the physician/physician assistant team.
16 Medical care provided by the physician assistant shall be
17 consistent with the physician assistant's education, training,
18 and experience. The physician assistant's medical tasks or
19 duties ~~The collaborating physician may delegate tasks and~~
20 ~~duties to the physician assistant. Delegated tasks or duties~~
21 ~~shall be consistent with physician assistant education,~~
22 ~~training, and experience. The delegated tasks or duties shall~~
23 be specific to the practice setting and shall be implemented
24 and reviewed under a ~~written~~ collaborative agreement
25 established by the physician or physician/physician assistant
26 team. A physician assistant, acting as an agent of the

1 physician, shall be permitted to transmit the collaborating
2 physician's orders as determined by the institution's by-laws,
3 policies, procedures, or job description within which the
4 physician/physician assistant team practices. Physician
5 assistants shall practice only in accordance with a ~~written~~
6 collaborative agreement.

7 Any person who holds an active license or permit issued
8 pursuant to the Medical Practice Act of 1987 shall have that
9 license automatically placed into inactive status upon
10 issuance of a physician assistant license. Any person who
11 holds an active license as a physician assistant who is issued
12 a license or permit pursuant to the Medical Practice Act of
13 1987 shall have his or her physician assistant license
14 automatically placed into inactive status.

15 3.5. "Physician assistant practice" means the performance
16 of procedures and the practice of medicine, including
17 procedures in the behavioral and mental health services,
18 within the specialty of the collaborating physician. Medical
19 care provided by the physician assistant shall be consistent
20 with the ~~Physician assistants shall be capable of performing a~~
21 ~~variety of tasks within the specialty of medical care of the~~
22 ~~collaborating physician. Collaboration with the physician~~
23 ~~assistant shall not be construed to necessarily require the~~
24 ~~personal presence of the collaborating physician at all times~~
25 ~~at the place where services are rendered, as long as there is~~
26 ~~communication available for consultation by radio, telephone,~~

1 ~~telecommunications, or electronic communications. The~~
2 ~~collaborating physician may delegate tasks and duties to the~~
3 ~~physician assistant. Delegated tasks or duties shall be~~
4 ~~consistent with physician assistant's ~~assistant~~ education,~~
5 ~~training, and experience. The delegated tasks or duties shall~~
6 ~~be specific to the practice setting and shall be implemented~~
7 ~~and reviewed under a written collaborative agreement~~
8 ~~established by the physician or physician/physician assistant~~
9 ~~team.~~ A physician assistant shall be permitted to transmit the
10 collaborating physician's orders as determined by the
11 institution's bylaws, policies, or procedures or the job
12 description within which the physician/physician assistant
13 team practices. ~~Physician assistants shall practice only in~~
14 ~~accordance with a written collaborative agreement, except as~~
15 ~~provided in Section 7.5 of this Act.~~

16 4. "Board" means the Medical Licensing Board constituted
17 under the Medical Practice Act of 1987.

18 5. "Disciplinary Board" means the Medical Disciplinary
19 Board constituted under the Medical Practice Act of 1987.

20 6. "Physician" means a person licensed to practice
21 medicine in all of its branches under the Medical Practice Act
22 of 1987.

23 7. "Collaborating physician" means the physician who,
24 within his or her specialty and expertise, collaborates with a
25 ~~may delegate a variety of tasks and procedures to the~~
26 physician assistant. Such collaboration ~~tasks and procedures~~

1 shall be ~~delegated~~ in accordance with a ~~written~~ collaborative
2 agreement.

3 8. (Blank).

4 9. "Address of record" means the designated address
5 recorded by the Department in the applicant's or licensee's
6 application file or license file maintained by the
7 Department's licensure maintenance unit.

8 10. "Hospital affiliate" means a corporation, partnership,
9 joint venture, limited liability company, or similar
10 organization, other than a hospital, that is devoted primarily
11 to the provision, management, or support of health care
12 services and that directly or indirectly controls, is
13 controlled by, or is under common control of the hospital. For
14 the purposes of this definition, "control" means having at
15 least an equal or a majority ownership or membership interest.
16 A hospital affiliate shall be 100% owned or controlled by any
17 combination of hospitals, their parent corporations, or
18 physicians licensed to practice medicine in all its branches
19 in Illinois. "Hospital affiliate" does not include a health
20 maintenance organization regulated under the Health
21 Maintenance Organization Act.

22 11. "Email address of record" means the designated email
23 address recorded by the Department in the applicant's
24 application file or the licensee's license file, as maintained
25 by the Department's licensure maintenance unit.

26 (Source: P.A. 99-330, eff. 1-1-16; 100-453, eff. 8-25-17.)

1 (225 ILCS 95/6) (from Ch. 111, par. 4606)

2 (Section scheduled to be repealed on January 1, 2028)

3 Sec. 6. Physician assistant title.

4 (a) No physician assistant shall use the title of doctor
5 ~~or~~ physician, ~~or associate~~ with his or her name or any other
6 term that would indicate to other persons that he or she is
7 qualified to engage in the general practice of medicine.

8 (b) A physician assistant shall verbally identify himself
9 or herself as a physician assistant, including specialty
10 certification, to each patient.

11 (c) Nothing in this Act shall be construed to relieve a
12 physician assistant of the professional or legal
13 responsibility for the care and treatment of persons attended
14 by him or her.

15 ~~(d) The collaborating physician shall file with the~~
16 ~~Department notice of employment, discharge, or collaboration~~
17 ~~with a physician assistant at the time of employment,~~
18 ~~discharge, or assumption of collaboration with a physician~~
19 ~~assistant.~~

20 (Source: P.A. 100-453, eff. 8-25-17.)

21 (225 ILCS 95/7) (from Ch. 111, par. 4607)

22 (Section scheduled to be repealed on January 1, 2028)

23 Sec. 7. Collaboration requirements.

24 (a) A collaborating physician shall determine the number

1 of physician assistants to collaborate with, provided the
2 physician is able to provide adequate collaboration as
3 outlined in the ~~written~~ collaborative agreement required under
4 Section 7.5 of this Act and consideration is given to the
5 nature of the physician's practice, complexity of the patient
6 population, and the experience of each physician assistant. A
7 collaborating physician may collaborate with a maximum of 7
8 full-time equivalent physician assistants as described in
9 Section 54.5 of the Medical Practice Act of 1987. As used in
10 this Section, "full-time equivalent" means the equivalent of
11 40 hours per week per individual. Physicians and physician
12 assistants who work in a hospital, hospital affiliate, or
13 ambulatory surgical treatment center as defined by Section 7.7
14 of this Act are exempt from the collaborative ratio
15 restriction requirements of this Section. A physician
16 assistant shall be able to hold more than one professional
17 position. A collaborating physician shall file a notice of
18 collaboration of each physician assistant according to the
19 rules of the Department.

20 Physician assistants shall collaborate only with
21 physicians as defined in this Act who are engaged in clinical
22 practice, or in clinical practice in public health or other
23 community health facilities.

24 Nothing in this Act shall be construed to limit the
25 delegation of tasks or duties by a physician to a nurse or
26 other appropriately trained personnel.

1 Nothing in this Act shall be construed to prohibit the
2 employment of physician assistants by a hospital, nursing home
3 or other health care facility ~~where such physician assistants~~
4 ~~function under a collaborating physician.~~

5 A physician assistant may be employed by a practice group
6 or other entity employing multiple physicians at one or more
7 locations. In that case, one of the physicians practicing at a
8 location shall be ~~designated~~ the collaborating physician. The
9 other physicians with that practice group or other entity who
10 practice in the same general type of practice or specialty as
11 the collaborating physician may collaborate with the physician
12 assistant with respect to their patients.

13 (b) A physician assistant licensed in this State, or
14 licensed or authorized to practice in any other U.S.
15 jurisdiction or credentialed by his or her federal employer as
16 a physician assistant, who is responding to a need for medical
17 care created by an emergency or by a state or local disaster
18 may render such care that the physician assistant is able to
19 provide without collaboration as it is defined in this Section
20 or with such collaboration as is available.

21 Any physician who collaborates with a physician assistant
22 providing medical care in response to such an emergency or
23 state or local disaster shall not be required to meet the
24 requirements set forth in this Section for a collaborating
25 physician.

26 (Source: P.A. 100-453, eff. 8-25-17; 100-605, eff. 1-1-19.)

1 (225 ILCS 95/7.5)

2 (Section scheduled to be repealed on January 1, 2028)

3 Sec. 7.5. Collaborative ~~Written collaborative~~ agreements;
4 prescriptive authority.

5 (a) ~~A written collaborative agreement is required for all~~
6 ~~physician assistants to practice in the State, except as~~
7 ~~provided in Section 7.7 of this Act.~~

8 (1) ~~A written collaborative agreement shall describe~~
9 ~~the working relationship of the physician assistant with~~
10 ~~the collaborating physician and shall describe the~~
11 ~~categories of care, treatment, or procedures to be~~
12 ~~provided by the physician assistant. The written~~
13 collaborative agreement shall be established at the
14 practice level and shall promote the exercise of
15 professional judgment by the physician assistant
16 commensurate with his or her education and experience. The
17 services to be provided by the physician assistant shall
18 be services that the collaborating physician is authorized
19 to and generally provides to his or her patients in the
20 normal course of his or her clinical medical practice. The
21 ~~written~~ collaborative agreement need not describe the
22 exact steps that a physician assistant must take with
23 respect to each specific condition, disease, or symptom
24 but must specify which authorized procedures require the
25 presence of the collaborating physician as the procedures

1 are being performed. The relationship under a ~~written~~
2 collaborative agreement shall not be construed to require
3 the personal presence of a physician at the place where
4 services are rendered. Methods of communication shall be
5 available for consultation with the collaborating
6 physician in person or by telecommunications or electronic
7 communications as set forth in the ~~written~~ collaborative
8 agreement. For the purposes of this Act, "generally
9 provides to his or her patients in the normal course of his
10 or her clinical medical practice" means services, not
11 specific tasks or duties, the collaborating physician
12 routinely provides individually or through delegation to
13 other persons so that the physician has the experience and
14 ability to collaborate and provide consultation.

15 (2) The ~~written~~ collaborative agreement shall be
16 adequate if a physician does each of the following:

17 (A) Participates in the joint formulation and
18 joint approval of orders or guidelines with the
19 physician assistant and he or she periodically reviews
20 such orders and the services provided patients under
21 such orders in accordance with accepted standards of
22 medical practice and physician assistant practice.

23 (B) Provides consultation at least once a month.

24 (3) (Blank). ~~A copy of the signed, written~~
25 ~~collaborative agreement must be available to the~~
26 ~~Department upon request from both the physician assistant~~

1 ~~and the collaborating physician.~~

2 (4) A physician assistant shall, upon request, inform
3 each collaborating physician of all ~~written~~ collaborative
4 agreements into which he or she has entered ~~signed and~~
5 ~~provide a copy of these to any collaborating physician~~
6 ~~upon request.~~

7 (b) A collaborating physician may, but is not required to,
8 delegate prescriptive authority to a physician assistant as
9 part of a ~~written~~ collaborative agreement. This authority may,
10 but is not required to, include prescription of, selection of,
11 orders for, administration of, storage of, acceptance of
12 samples of, and dispensing medical devices, over the counter
13 medications, legend drugs, medical gases, and controlled
14 substances categorized as Schedule II through V controlled
15 substances, as defined in Article II of the Illinois
16 Controlled Substances Act, and other preparations, including,
17 but not limited to, botanical and herbal remedies. The
18 physician assistant's collaborating physician must have a
19 valid, current Illinois controlled substance license and
20 federal registration with the Drug Enforcement Administration
21 ~~Agency to delegate the authority to prescribe controlled~~
22 ~~substances.~~

23 (1) To prescribe Schedule II, III, IV, or V controlled
24 substances under this Section, a physician assistant must
25 obtain a mid-level practitioner controlled substances
26 license. Medication orders issued by a physician assistant

1 shall be reviewed periodically by the collaborating
2 physician.

3 (2) The collaborating physician shall file with the
4 Department notice ~~of delegation~~ of prescriptive authority
5 to a physician assistant and termination of prescriptive
6 authority delegation, specifying the authority delegated
7 ~~or terminated~~. Upon receipt of this notice of prescriptive
8 authority delegating authority to prescribe controlled
9 ~~substances~~, the physician assistant shall be eligible to
10 register for a mid-level practitioner controlled
11 substances license under Section 303.05 of the Illinois
12 Controlled Substances Act. Nothing in this Act shall be
13 construed to limit the delegation of tasks or duties by
14 the collaborating physician to a nurse or other
15 appropriately trained persons in accordance with Section
16 54.2 of the Medical Practice Act of 1987.

17 (3) In addition to the requirements of this subsection
18 (b), a collaborating physician may, but is not required
19 to, specify that the physician assistant may delegate
20 ~~authority to a physician assistant to~~ prescribe Schedule
21 II controlled substances, if all of the following
22 conditions apply:

23 (A) A physician assistant may prescribe specific
24 Schedule II controlled substances by oral dosage or
25 topical or transdermal application if the Specific
26 ~~Schedule II controlled substances by oral dosage or~~

1 ~~topical or transdermal application may be delegated,~~
2 ~~provided that the delegated~~ Schedule II controlled
3 substances are routinely prescribed by the
4 collaborating physician. The ~~This~~ delegation must
5 ~~identify the~~ specific Schedule II controlled
6 substances must be identified by either brand name or
7 generic name. A physician assistant may not prescribe
8 Schedule II controlled substances to be delivered by
9 injection ~~or other route of administration may not be~~
10 ~~delegated.~~

11 (B) (Blank).

12 (C) Any prescription must be limited to no more
13 than a 30-day supply, with any continuation authorized
14 only after prior approval of the collaborating
15 physician.

16 (D) The physician assistant must discuss the
17 condition of any patients for whom a controlled
18 substance is prescribed monthly with the collaborating
19 physician.

20 (E) The physician assistant meets the education
21 requirements of Section 303.05 of the Illinois
22 Controlled Substances Act.

23 (c) Nothing in this Act shall be construed to limit the
24 delegation of tasks or duties by a physician to a licensed
25 practical nurse, a registered professional nurse, or other
26 persons. Nothing in this Act shall be construed to limit the

1 means of collaboration between the physician assistant and the
2 collaborating physician ~~method of delegation~~ that may be
3 authorized by any means, including, but not limited to, oral,
4 written, electronic, standing orders, protocols, guidelines,
5 or verbal orders. Nothing in this Act shall be construed to
6 authorize a physician assistant to provide health care
7 services required by law or rule to be performed by a
8 physician. Nothing in this Act shall be construed to authorize
9 the delegation or performance of operative surgery. Nothing in
10 this Section shall be construed to preclude a physician
11 assistant from assisting in surgery.

12 (c-5) Nothing in this Section shall be construed to apply
13 to any medication authority, including Schedule II controlled
14 substances of a licensed physician assistant for care provided
15 in a hospital, hospital affiliate, or ambulatory surgical
16 treatment center pursuant to Section 7.7 of this Act.

17 (d) (Blank).

18 (e) Nothing in this Section shall be construed to prohibit
19 generic substitution.

20 (Source: P.A. 100-453, eff. 8-25-17; 101-13, eff. 6-12-19;
21 revised 8-24-20.)

22 (225 ILCS 95/7.7)

23 (Section scheduled to be repealed on January 1, 2028)

24 Sec. 7.7. Physician assistants in hospitals, hospital
25 affiliates, or ambulatory surgical treatment centers.

1 (a) A physician assistant may provide services in a
2 hospital as defined in the Hospital Licensing Act, a hospital
3 affiliate as defined in the University of Illinois Hospital
4 Act, or a licensed ambulatory surgical treatment center as
5 defined in the Ambulatory Surgical Treatment Center Act
6 without a ~~written~~ collaborative agreement pursuant to Section
7 7.5 of this Act. A physician assistant must possess clinical
8 privileges recommended by the hospital medical staff and
9 granted by the hospital or the consulting medical staff
10 committee and ambulatory surgical treatment center in order to
11 provide services. The medical staff or consulting medical
12 staff committee shall periodically review the services of
13 physician assistants granted clinical privileges, including
14 any care provided in a hospital affiliate. Authority may also
15 be granted when recommended by the hospital medical staff and
16 granted by the hospital or recommended by the consulting
17 medical staff committee and ambulatory surgical treatment
18 center to individual physician assistants to select, order,
19 and administer medications, including controlled substances,
20 to provide delineated care. In a hospital, hospital affiliate,
21 or ambulatory surgical treatment center, the medical staff
22 ~~attending physician~~ shall determine a physician assistant's
23 role in providing care for ~~his or her~~ patients, except as
24 otherwise provided in the medical staff bylaws or consulting
25 committee policies.

26 (a-5) Physician assistants practicing in a hospital

1 affiliate may be, but are not required to be, granted
2 authority to prescribe Schedule II through V controlled
3 substances when such authority is recommended by the
4 appropriate physician committee of the hospital affiliate and
5 granted by the hospital affiliate. This authority may, but is
6 not required to, include prescription of, selection of, orders
7 for, administration of, storage of, acceptance of samples of,
8 and dispensing over-the-counter medications, legend drugs,
9 medical gases, and controlled substances categorized as
10 Schedule II through V controlled substances, as defined in
11 Article II of the Illinois Controlled Substances Act, and
12 other preparations, including, but not limited to, botanical
13 and herbal remedies.

14 To prescribe controlled substances under this subsection
15 (a-5), a physician assistant must obtain a mid-level
16 practitioner controlled substance license. Medication orders
17 shall be reviewed periodically by the appropriate hospital
18 affiliate physicians committee or its physician designee.

19 The hospital affiliate shall file with the Department
20 notice of a grant of prescriptive authority consistent with
21 this subsection (a-5) and termination of such a grant of
22 authority in accordance with rules of the Department. Upon
23 receipt of this notice of grant of authority to prescribe any
24 Schedule II through V controlled substances, the licensed
25 physician assistant may register for a mid-level practitioner
26 controlled substance license under Section 303.05 of the

1 Illinois Controlled Substances Act.

2 In addition, a hospital affiliate may, but is not required
3 to, grant authority to a physician assistant to prescribe any
4 Schedule II controlled substances if all of the following
5 conditions apply:

6 (1) specific Schedule II controlled substances by oral
7 dosage or topical or transdermal application may be
8 designated, provided that the designated Schedule II
9 controlled substances are routinely prescribed by
10 physician assistants in their area of certification; this
11 grant of authority must identify the specific Schedule II
12 controlled substances by either brand name or generic
13 name; authority to prescribe or dispense Schedule II
14 controlled substances to be delivered by injection or
15 other route of administration may not be granted;

16 (2) any grant of authority must be controlled
17 substances limited to the practice of the physician
18 assistant;

19 (3) any prescription must be limited to no more than a
20 30-day supply;

21 (4) the physician assistant must discuss the condition
22 of any patients for whom a controlled substance is
23 prescribed monthly with the appropriate physician
24 committee of the hospital affiliate or its physician
25 designee; and

26 (5) the physician assistant must meet the education

1 requirements of Section 303.05 of the Illinois Controlled
2 Substances Act.

3 (b) A physician assistant granted authority to order
4 medications including controlled substances may complete
5 discharge prescriptions provided the prescription is in the
6 name of the physician assistant and the attending or
7 discharging physician.

8 (c) Physician assistants practicing in a hospital,
9 hospital affiliate, or an ambulatory surgical treatment center
10 are not required to obtain a mid-level controlled substance
11 license to order controlled substances under Section 303.05 of
12 the Illinois Controlled Substances Act.

13 (Source: P.A. 100-453, eff. 8-25-17.)

14 (225 ILCS 95/11) (from Ch. 111, par. 4611)

15 (Section scheduled to be repealed on January 1, 2028)

16 Sec. 11. Physician Assistant Medical Licensing Board
17 ~~Committee~~. There is established a Physician Assistant Medical
18 Licensing Board ~~physician assistant advisory committee to the~~
19 ~~Department and the Medical Licensing Board~~. The Physician
20 Assistant Medical Licensing Board may manage and regulate
21 ~~physician assistant advisory committee may review and make~~
22 ~~recommendations to the Department and the Board regarding~~ all
23 matters relating to physician assistants. Such matters may
24 include, but not be limited to:

25 (1) applications for licensure;

- 1 (2) (blank); ~~disciplinary proceedings;~~
2 (3) renewal requirements; and
3 (4) any other issues pertaining to the regulation and
4 practice of physician assistants in the State.

5 The Physician Assistant Medical Licensing Board ~~physician~~
6 ~~assistant advisory committee~~ shall be composed of 7 members.
7 Two ~~Three~~ of the 7 members shall be physicians appointed by the
8 Governor, ~~2 of whom shall be members of the Board and appointed~~
9 ~~to the advisory committee by the chairman. One physician, not~~
10 ~~a member of the Board, shall be a supervisor of a licensed~~
11 ~~physician assistant and shall be approved by the Governor from~~
12 a list of Illinois physicians who collaborate with ~~supervising~~
13 licensed physician assistants. Four ~~Three~~ members shall be
14 physician assistants, licensed under the law and appointed by
15 the Governor from a list of 10 names recommended by the Board
16 of Directors of the Illinois Academy of Physician Assistants.
17 One member, not employed or having any material interest in
18 any health care field, shall be appointed by the Governor and
19 represent the public. The chairman of the Physician Assistant
20 Medical Licensing Board ~~physician assistant advisory committee~~
21 shall be a member elected by a majority vote of the Physician
22 Assistant Medical Licensing Board ~~physician assistant advisory~~
23 ~~committee unless already a member of the Board. The Physician~~
24 Assistant Medical Licensing Board ~~physician assistant advisory~~
25 ~~committee~~ is required to meet and report to the Department and
26 the Board as physician assistant issues arise. ~~The terms of~~

1 ~~office of each of the original 7 members shall be at staggered~~
2 ~~intervals. One physician and one physician assistant shall~~
3 ~~serve for a 2 year term. One physician and one physician~~
4 ~~assistant shall serve a 3 year term. One physician, one~~
5 ~~physician assistant and the public member shall serve a 4 year~~
6 ~~term. Upon the expiration of the term of any member, his~~
7 ~~successor shall be appointed for a term of 4 years in the same~~
8 ~~manner as the initial appointment. No member shall serve more~~
9 ~~than 2 consecutive terms.~~

10 Four members of the Physician Assistant Medical Licensing
11 Board ~~physician assistant advisory committee~~ shall constitute
12 a quorum. A quorum is required to perform all of the duties of
13 the committee.

14 Members of the Physician Assistant Medical Licensing Board
15 ~~physician assistant advisory committee~~ shall have no liability
16 for any action based upon a disciplinary proceeding or other
17 activity performed in good faith as a member of the committee.

18 (Source: P.A. 95-703, eff. 12-31-07; 96-720, eff. 8-25-09.)

19 Section 99. Effective date. This Act takes effect January
20 1, 2022.